## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	1	50 OF		313
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	•
Full Name (Last, First, Middle Initial)  Joseph J. Kryc M.D.  Mailing Address 8360 E Corrine Dr  City Scottsdale  FEC ID number of contributing federal political committee.  Name of Employer retired  Receipt For: Primary General Other (specify)	State Zip Code AZ 85260-5249  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  10 23 2015  Transaction ID: C3178605  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  James C. Ku M.D.  Mailing Address 726 River Rd.  City Hillsborough  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Consultants of New Jersey  Receipt For:  Primary General Other (specify)	State Zip Code NJ 08844  C  Occupation Physician Anesthesiologist  Aggregate Year-to-Date ▼  250.02	Date of Receipt  10 07 2015  Transaction ID: C3111320  Amount of Each Receipt this Period  41.67
Full Name (Last, First, Middle Initial)  Donna A. Kucharski M.D.  Mailing Address 180 Read St  City Seekonk  FEC ID number of contributing federal political committee.  Name of Employer Allegheny health network  Receipt For:  Primary General Other (specify)	State Zip Code MA 02771-1412  C  Occupation Anesthessiologist  Aggregate Year-to-Date ▼	Date of Receipt  10 01 2015  Transaction ID : C3108706  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)		1041.67
TOTAL This Period (last page this line numbe	r only)	5 1 5